What? One more form to complete?

This one could actually save someone's life!

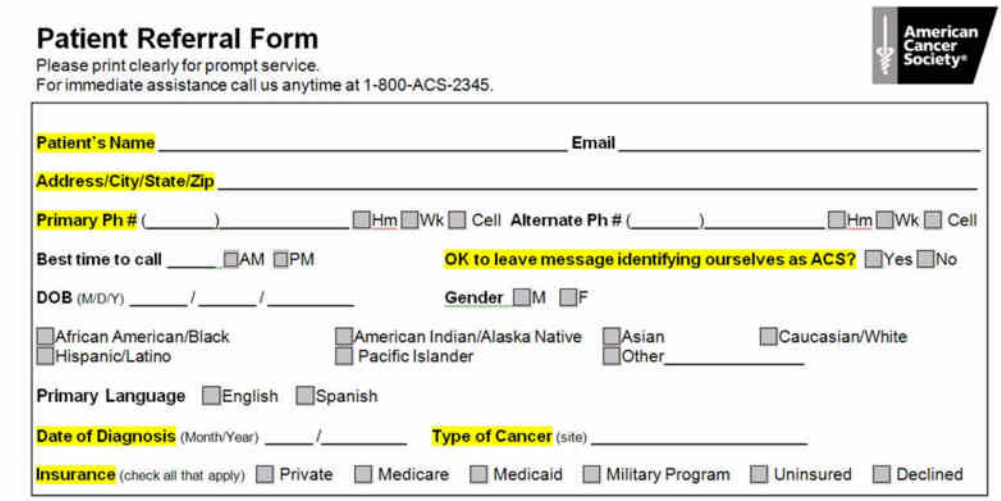
Please help us help your patients.

We will send them:

Easy to understand and credible cancer information to help them understand their treatment and their options

Provide referrals or assistance to overcome real life barriers, such as, "How do I get to treatment?" "Can I get help with lodging?" Is there anywhere where I can get help with financial assistance?"

Where can I find emotional support?



Patient Referral Form

Please print clearly for prompt service.
For immediate assistance call us anytime at 1-800-ACS-2345.

Patient's Name _____ Email _____

Address/City/State/Zip _____

Primary Ph # (_____)_____ ☐Hm ☐Wk ☐ Cell Alternate Ph # (_____)_____ ☐Hm ☐Wk ☐ Cell

Best time to call _____ ☐AM ☐PM OK to leave message identifying ourselves as ACS? ☐Yes ☐No

DOB (M/D/Y) _____/_____/_____ Gender ☐M ☐F

☐African American/Black ☐American Indian/Alaska Native ☐Asian ☐Caucasian/White
☐Hispanic/Latino ☐Pacific Islander ☐Other_____

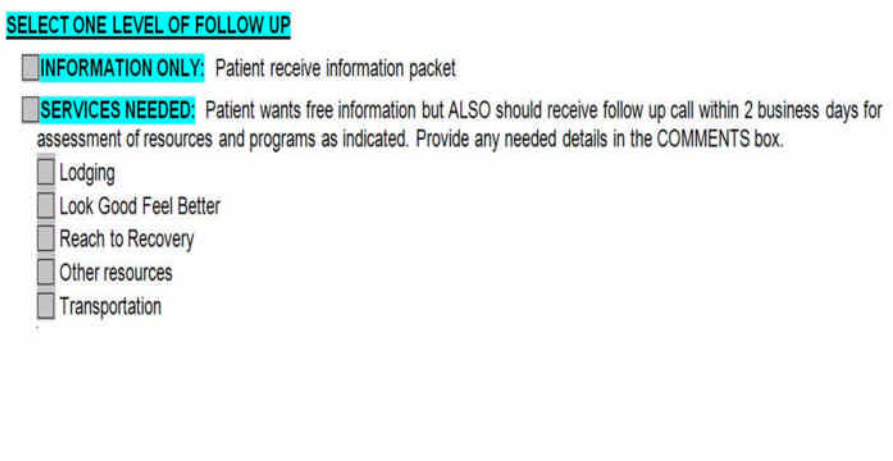
Primary Language ☐English ☐Spanish

Date of Diagnosis (Month/Year) _____/_____ Type of Cancer (site) _____

Insurance (check all that apply) ☐ Private ☐ Medicare ☐ Medicaid ☐ Military Program ☐ Uninsured ☐ Declined

We need the patient's name and address so we can send material to him/her. If they need follow-up assistance, it is essential we have a phone number so we can contact them with additional assistance. Type of cancer or course allows us to send the correct information. The approximate date of diagnosis helps us to understand where they are in their cancer journey.

Most patients seen in the health department will most likely be uninsured or on Medicaid, please check the appropriate box. ACS nationally keeps up with access issues people have based on their insurance choices. *We are **HUGE** supporters for the Breast and Cervical Cancer Early Detection program and fight for its continued funding!*



SELECT ONE LEVEL OF FOLLOW UP

☐ **INFORMATION ONLY:** Patient receive information packet

☐ **SERVICES NEEDED:** Patient wants free information but ALSO should receive follow up call within 2 business days for assessment of resources and programs as indicated. Provide any needed details in the COMMENTS box.

- ☐ Lodging
- ☐ Look Good Feel Better
- ☐ Reach to Recovery
- ☐ Other resources
- ☐ Transportation

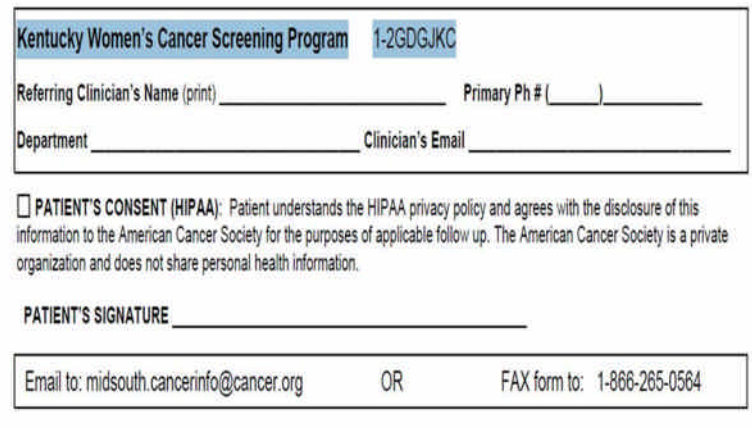
If the patient only wants information just check the first box, **INFORMATION ONLY.**

If the patient could benefit from assistance with Lodging, transportation, please check those respective boxes. Many cities in Kentucky have a Road to Recovery program that is staffed with volunteer drivers who will take patients to and from treatment at no charge to the patient.

Look Good Feel Better is a program that provides women with free make-up and cosmetic and skin care advice to help them while they are undergoing treatment to feel better about themselves.

Reach to Recovery is a one-on-one connection with a breast cancer survivor who has been specially trained to help mentor a newly diagnosed breast cancer patient through her journey.

Other resources could be anything from free wig, prosthetic, or hat needed, to help with other issues they are experiencing or barriers they have. We can connect them to a wealth of other community partners who may be able to help them**. ALL ACS programs and services are FREE!**



Kentucky Women's Cancer Screening Program 1-2GDGJKC

Referring Clinician's Name (print) _____ Primary Ph # (____)_____

Department _____ Clinician's Email _____

☐ **PATIENT'S CONSENT (HIPAA):** Patient understands the HIPAA privacy policy and agrees with the disclosure of this information to the American Cancer Society for the purposes of applicable follow up. The American Cancer Society is a private organization and does not share personal health information.

PATIENT'S SIGNATURE _____

Email to: midsouth.cancerinfo@cancer.org OR FAX form to: 1-866-265-0564

The area to the right needs to be completed with the contact information of the health dept. employee making the referral. The patient should sign or you sign to show you discussed this with the patient and they agreed to have ACS contact them.

Then simply fax to the number below and ACS will take it from there.

Thank you!